

Instructions for the RN Licensure and ARNP Registration Application

General Information

- ☐ Licensure fees and regulatory requirements are subject to change.
- ☐ Application fees are NON-REFUNDABLE:
- | | |
|---|---|
| <input type="checkbox"/> RN Endorsement - \$150 | <input type="checkbox"/> ARNP Endorsement - \$150 |
| <input type="checkbox"/> RN Reinstatement - \$120 | <input type="checkbox"/> ARNP Reinstatement - \$120 |
- ☐ Validation of name change(s) is required if the name on any document received at KBN is different from the name on the application for licensure. Acceptable validations include a copy of either a:
1. Social security card,
 2. Marriage license, **OR**
 3. Court order or divorce decree showing the right to a name change.
- ☐ You are required to notify KBN within 30 days of any name change.
- ☐ You are required to notify KBN within 30 days of an address change. The notification must include:
1. Name
 2. Social security number
 3. Old address
 4. New address
- ☐ Complete all sections as indicated below (see Section 2 for additional information about the method of application):
- | <u>Method of Application</u> | <u>Complete These Sections</u> | <u>Submit</u> |
|-------------------------------|--------------------------------|------------------------------------|
| RN Endorsement & ARNP Initial | 1, 2, 3, 4, 5, 6, 7, 8, 10, 12 | Either NurSys Form or Attachment 2 |
| RN & ARNP Endorsement | 1, 2, 3, 4, 5, 6, 7, 8, 10, 12 | Either NurSys Form or Attachment 2 |
| RN & ARNP Reinstatement | 1, 2, 3, 4, 5, 6, 8, 9, 12 | Attachment 1 (If Applicable) |

Section 1: Biographical Data

- ☐ All information must be provided.

Section 2: Application Type

- ☐ Darken the appropriate circle to indicate whether you are applying for endorsement or reinstatement.
- ☐ **Endorsement:** You have never held a Kentucky nursing license or Kentucky ARNP registration.
- ☐ **Reinstatement:** You held a Kentucky nursing license and Kentucky ARNP registration that have lapsed.

Section 3: Declaration of Permanent Residence and Areas of Practice

- ☐ Select your permanent state of residence and all jurisdictions in which you currently practice.
- ☐ Evidence of permanent residence includes:
1. Copy of your voter's registration card.
 2. Copy of driver's license.
 3. Copy of federal income tax return.
- ☐ If you are not currently practicing nursing in any jurisdiction, select only your permanent state of residence.
- ☐ Do not submit evidence of permanent residence unless requested to do so.

Section 4: Answer ONLY if Employed in Kentucky as a RN or ARNP

- ☐ **DO NOT** complete this section if you are employed in Kentucky in a non-nursing position.

Section 5: Disciplinary

- ☐ All questions must be answered.
- ☐ Failure to report any action pending or disciplinary action **EVER** taken on a nursing license may subject you to disciplinary action.
- ☐ Failure to report participation in an alternative to discipline/diversion program may subject you to disciplinary action.

Section 6: Criminal History

- ☐ All questions must be answered.
- ☐ If you answered "YES" to any question(s), allow 3 months for all information to be reviewed by KBN.
- ☐ Failure to report any criminal convictions **EVER** received may subject you to disciplinary action.

Section 7: Nursing Education

- ☐ List your initial program of nursing that is the basis of this application.
- ☐ Enter the month and year graduated from the initial program of nursing.
- ☐ List your advanced practice nursing program.
- ☐ Enter the month and year graduated from the advanced practice nursing program.
- ☐ A VisaScreen Certificate is required if your nursing education was outside of the U.S.A. For additional information, go to <http://kbn.ky.gov/license/foreign.htm>.

Section 8: ARNP Data

- ☐ Darken the appropriate circle to indicate your advanced practice designation.
- ☐ Darken the appropriate circle to indicate your certification/specialty type.
- ☐ Darken the appropriate circle that indicates the national certifying organization to which you either belong or have applied to.
- ☐ Indicate whether your national certification has ever been revoked or issued on a provisional status. If you answer "Yes" to this question, you must submit a detailed letter of explanation.

Section 9: Application for Reinstatement

- ☐ 1. The application is valid for one year from the date received at KBN.
- ☐ 2. All applicants are required to provide proof of earning 3 hours of KBN approved domestic violence continuing education.
 - ◆ A list of approved courses will be found at <http://kbn.ky.gov/education/ce/cecourses.htm>.
- ☐ 3. **COMPETENCY VALIDATION:** Choose **ONE** of the following methods that you wish to use to validate competency.
 - ☐ #1. **500 hours of employment as a nurse within 5 years of the date your application is received at KBN:**
 - ☐ Include a copy of an active nursing license.
 - ☐ Complete the top portion of Attachment 1 and send it to the employer for validation that you practiced 500 hours as a nurse.
 - ☐ Have the employer mail or fax the completed form to KBN.
 - ☐ #2. **Continuing Education:**
 - ☐ If your Kentucky license lapsed within the past 5 years, contact the licensure specialist for information regarding the CE earnings that must be submitted.
 - ☐ Continuing education earned more than 5 years preceding the date your application is received at KBN will not be accepted.

Section 9: Application for Licensure by Reinstatement (Continued)

- ☐ #3. If you have not practiced as a nurse 500 hours within 5 years of the date your application is received at KBN, you may submit **EITHER**:
 - ☐ a. **Refresher Course**: Evidence of completing an approved refresher course within 2 years of the date your application is received at KBN.
 - OR**
 - ☐ b. **120 Continuing Education Hours**: Evidence of earning 120 KBN approved continuing education hours within 1 year of the date your application was received at KBN.
- ☐ #4. Copy of current certification/recertification card.
- ☐ #5. A permanent Kentucky nursing license and Kentucky ARNP registration will be issued within 14 days of receipt of all requirements listed above.

Section 10: Application for Licensure by Endorsement

- ☐ 1. The application is valid for 6 months from the date received at KBN.
- ☐ 2. If you fail to complete all requirements within the 6-month period, you must submit another application, fingerprint card, and pay the fees.
- ☐ 3. You are required to provide the following:
 - ☐ #1. FINGERPRINT CARD:
 - ☐ You must complete a fingerprint card **issued** by KBN.
 - ☐ Complete the biographical data on the fingerprint card and take the card to any law enforcement agency in any state for the fingerprinting process.
 - ☐ Return the completed card to KBN with the \$24 processing fee.
 - ☐ It may take 4-8 weeks for KBN to receive a report from the FBI.
 - ☐ Additional information can be found at <http://kbn.ky.gov/license/endorse.htm>.
 - ☐ #2. NURSING EDUCATION:
 - ☐ Official transcripts of **initial** nursing education are required of all applicants and must be sent directly from the program of nursing.
 - ☐ Evidence of completion of **advanced practice** nursing education:
 - ☐ 1. Applicants who completed post-basic ARNP education after January 1, 2005:
 - a. Must request your program of nursing to send KBN an official transcript with the degree and date posted.
 - b. Must hold either a:
 - ◆ Masters degree, **OR**
 - ◆ Post-masters' certificate from a college or university awarding related ARNP credits.
 - ☐ 2. Applicants who completed post-basic ARNP education prior to January 1, 2005:
 - a. Nurse Practitioners and Clinical Nurse Specialists must request their advanced practice program of nursing to send KBN an official transcript with the degree and date posted.
 - b. Nurse Anesthetists and Nurse Midwives may submit a copy of:
 - ◆ Diploma,
 - ◆ Certificate of graduation, **OR**
 - ◆ Official transcript with degree and date posted.
 - ☐ #3. COMPETENCY VALIDATION:

If you have been licensed as a RN **GREATER THAN ONE YEAR**, select one of the following:

 - ☐ Being licensed within the past 5 years, **OR**

Section 10: Application for Licensure by Endorsement (Continued)

(cont.)

- ☐ Employment as a nurse for 500 hours within the past 5 years, **OR**
- ☐ Employment as a nurse for at least 100 hours within the past 5 years [contact KBN licensure specialist for CE(s) requirements], **OR**
- ☐ If you have not met one of the above validations of competency, you must provide proof of **EITHER**:
 - ☐ a. **Refresher Course:** Evidence of completing an approved refresher course within 2 years of the date your application is received at KBN.
 - OR**
 - ☐ b. **120 Continuing Education Hours:** Evidence of earning 120 KBN approved continuing education hours within 1 year of the date your application was received at KBN.

If you have been licensed as a RN **LESS THAN ONE YEAR**:

- ☐ An applicant who has not practiced as a RN in another state or territory for at least 120 hours within the first year following graduation from a program of nursing must complete a clinical internship.
- ☐ A provisional license may be issued within 14 days of receipt of the following:
 - ☐ a. A completed Application for Licensure and the fee.
 - ☐ b. A completed fingerprint card and the fee.
 - ☐ c. An official transcript from your initial program of nursing with degree and date posted.
- ☐ The clinical internship must be completed prior to the expiration date of the provisional license.
- ☐ The Verification of Completion of the Clinical Internship (VOC) form will be mailed with your provisional license.
- ☐ The VOC form must be completed and signed by both the RNA* and the supervising registered nurse and returned to KBN.
- ☐ You may continue to practice as a RNA until:
 - ☐ a. You are issued a permanent nursing license,
 - ☐ b. The provisional license expires, **OR**
 - ☐ c. You are unsuccessful on NCLEX.
- ☐ Practicing in Kentucky without a provisional license, temporary registration, or Kentucky nursing license may subject you to disciplinary action by KBN.

* RNA - Registered Nurse Applicant

- ☐ #4. **HIV/AIDS CONTINUING EDUCATION:**
 - ☐ It is your responsibility to submit KBN proof of earning 2 hours of KBN approved HIV/AIDS continuing education.
 - ☐ This CE may not be earned more than 2 years prior to the date the application is received at KBN.
 - ☐ A list of approved courses can be found at <http://kbn.ky.gov/education/ce/cecourses.htm>.
- ☐ #5. **VERIFICATION OF ORIGINAL LICENSURE:**
 - ☐ If your state of original licensure is listed on the NurSys Form, you must either:
 - ☐ a. Complete the top portion of the form and send to the address as directed. **OR**
 - ☐ b. Go to <https://www.nursys.com/includes/processing?PSPartState/asp>.

Section 10: Application for Licensure by Endorsement (Continued)

- ☐ If your state of original licensure is **NOT** listed on the NurSys form:
 - ☐ a. Complete the top portion of Attachment 2.
 - ☐ b. Send the form to your state of original licensure.
 - ☐ c. Contact the Board of Nursing in your original state of licensure for fee requirements.
- ☐ #6. TEMPORARY REGISTRATION (TR):
 - ☐ A TR may be issued within 14 days of receipt of the following:
 - ☐ a. A completed Application for Licensure and the fee.
 - ☐ b. A completed fingerprint card and the fee.
 - ☐ c. An official transcript from your RN and ARNP program of nursing with degree and date posted.
 - ☐ d. Competency validation (if applicable).
 - ☐ The TR is valid for 6 months from the date issued and will not be extended.
 - ☐ If all requirements for licensure are not met before the TR expires, you must:
 - ☐ a. Reapply and pay the fee.
 - ☐ b. Submit a new fingerprint card and the fee.
 - ☐ Practicing without a valid TR, provisional license, or a Kentucky nursing license may subject you to disciplinary action by KBN.
- ☐ #7. PERMANENT KENTUCKY LICENSE:

If you were issued a TR, a permanent license will be issued upon receipt of:

 - ☐ a. Verification of original licensure.
 - ☐ b. Proof of earning 2 hours of KBN approved HIV/AIDS continuing education.
 - ☐ c. Report from the FBI.

If you were issued a PL, a permanent license will be issued upon receipt of:

 - ☐ a. Verification of completion of the clinical internship (VOC).
 - ☐ b. Verification of original licensure.
 - ☐ c. Proof of earning 2 hours of KBN approved HIV/AIDS continuing education.
 - ☐ d. Report from the FBI.
 - ☐ It is your responsibility to assure that all documents have been received by KBN BEFORE the application for licensure expires.
- ☐ #8. DOMESTIC VIOLENCE CE:
 - ☐ Proof of earning 3 hours of KBN approved domestic violence continuing education must be earned within 3 years of the date you are issued a Kentucky nursing license.
 - ☐ DO NOT SUBMIT PROOF OF EARNING THE DOMESTIC VIOLENCE CE UNLESS REQUESTED TO DO SO.
 - ☐ A list of approved courses can be found at <http://kbn.ky.gov/education/ce/cecourses.htm>.

Section 11: Responsibility & Accountability of Kentucky Licensed Nurses

- ☐ The portion of nursing law cited in this section explains the accountability and responsibility of all nurses licensed to practice nursing in Kentucky.
- ☐ All Kentucky nursing laws and regulations may be found at <http://kbn.ky.gov/laws.htm>.

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|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|
| <input type="radio"/> AL | <input type="radio"/> CA | <input type="radio"/> FL | <input type="radio"/> ID | <input type="radio"/> LA | <input type="radio"/> MN | <input type="radio"/> ND | <input type="radio"/> NV | <input type="radio"/> PA | <input type="radio"/> SD | <input type="radio"/> VA | <input type="radio"/> WI |
| <input type="radio"/> AK | <input type="radio"/> CO | <input type="radio"/> GA | <input type="radio"/> IL | <input type="radio"/> MA | <input type="radio"/> MO | <input type="radio"/> NE | <input type="radio"/> NY | <input type="radio"/> PR | <input type="radio"/> TN | <input type="radio"/> VI | <input type="radio"/> WV |
| <input type="radio"/> AR | <input type="radio"/> CT | <input type="radio"/> GU | <input type="radio"/> IN | <input type="radio"/> ME | <input type="radio"/> MS | <input type="radio"/> NH | <input type="radio"/> OH | <input type="radio"/> RI | <input type="radio"/> TX | <input type="radio"/> VT | <input type="radio"/> WY |
| <input type="radio"/> AS | <input type="radio"/> DC | <input type="radio"/> HI | <input type="radio"/> KS | <input type="radio"/> MD | <input type="radio"/> MT | <input type="radio"/> NJ | <input type="radio"/> OK | <input type="radio"/> SC | <input type="radio"/> UT | <input type="radio"/> WA | |
| <input type="radio"/> AZ | <input type="radio"/> DE | <input type="radio"/> IA | <input type="radio"/> KY | <input type="radio"/> MI | <input type="radio"/> NC | <input type="radio"/> NM | <input type="radio"/> OR | <input type="radio"/> Other _____ | | (Specify) | |

Section 4: Answer Only if you are Employed in KY as a RN or ARNP

Date of Kentucky Employment:

 - -

Employed as:

RN ☐ARNP ☐

Employer

City

Employer's Telephone #

 - -
Section 5: Disciplinary

If you answer "yes" to any of these questions, your application will not be processed until the following documents are received:

1. Submit a detailed letter of explanation for each action taken.**2. Attach a certified copy of the Board's action.****Darken the appropriate circle and print in the boxes provided below.**Have you ever been denied a nursing license?
(For reasons other than failure to pass State Board Exam/NCLEX)Yes ☐ No ☐

If yes, list STATE and YEAR

 -

If yes, list STATE and YEAR

 -

Have you ever had any disciplinary action on your nursing license or your privilege to practice nursing in any state(s)?

Yes ☐ No ☐
 -
 -

Do you have disciplinary action or a complaint pending on your nursing license or your privilege to practice in any state(s)?

Yes ☐ No ☐
 -
 -

Are you currently a participant in a state board/designee monitoring program including alternative to discipline, diversion, or a peer assistance program?

Yes ☐ No ☐
 -
 -
Section 6: Criminal HistoryYou must **REPORT**:Your application will not be processed until you **SUBMIT** the required documents listed below.

- | | |
|--|--|
| 1. All felony convictions ever received | Certified Court Documents & Detailed Letter of Explanation |
| 2. All misdemeanor(s) received within 5 years of the date of application . . | Certified Court Documents & Detailed Letter of Explanation |
| 3. All DUIs | Certified Court Documents & Detailed Letter of Explanation |
| 4. All misdemeanor(s) received prior to 5 years of the date of application . . | No Documents Required |

Note: Traffic violations OTHER than DUIs do not need to be reported.

Have you ever been convicted of a misdemeanor(s)?

Yes ☐ No ☐

If yes, list STATE and YEAR

 -

If yes, list STATE and YEAR

 -

Type of conviction: _____

Have you ever been convicted of a felony(s)?

Yes ☐ No ☐

If yes, list STATE and YEAR

 -

If yes, list STATE and YEAR

 -

Since you last applied for or were issued a KY nursing license, have you had any misdemeanors or felonies?

Yes ☐ No ☐

- ☐ My Kentucky nursing license lapsed within the past 5 years. **Contact the ARNP licensure specialist for specific requirements.**

Refer to the instruction sheet for additional requirements if your nursing education was not received in a U.S. jurisdiction.

- ☐ I have been licensed as a RN less than 5 years.
- ☐ I have practiced 500 hours as a RN within the last 5 years.
- ☐ I have not practiced 500 hours as a RN in the last 5 years but have been licensed in another state longer than 5 years.

Contact KBN for requirements.

1. A fingerprint card issued by KBN.
2. Verification of original licensure. **NurSys Form or Attachment 2**
3. Evidence of having earned 2 contact hours of KBN approved HIV/AIDS education. Contact hours must not be earned more than 2 years prior to date of application.
4. A transcript of basic nursing education and advanced practice education.
5. A copy of a current active nursing license.

[illegible][illegible][illegible]

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Length of Employment

[illegible][illegible][illegible]

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Length of Employment _____

Section 11: Responsibility and Accountability of Kentucky Licensed Nurses

KRS 314.021(2): All individuals licensed under provisions of this chapter shall be responsible and accountable for making decisions that are based upon the individual's educational preparation and experience in nursing and shall practice nursing with reasonable skill and safety.

Section 12: Attestation Statement

Applicant's Signature

Applicant's Signature _____

Office Use Only

HIV/AIDS in PON:

Complete this form only if you are reinstating your RN/LPN Kentucky license.

Additional Signatures

Supervising ARNP

Signature

Date

KY RN License #

ARNP #

Supervising Physician

Signature

Date

KY License #

Supervising ARNP

Signature

Date

KY RN License #

ARNP #

Supervising Physician

Signature

Date

KY License #

Supervising ARNP

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KY RN License #

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Supervising ARNP

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Date

KY RN License #

ARNP #

Supervising Physician

Signature

Date

KY License #

Employer Comments

